

Disrupting the Reproductive Lives of Japanese American Families During Wartime: The Overlapping Histories of Removal, Incarceration, and Eugenic Sterilization, 1942–1946

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Abstract

The World War II mass incarceration of 120,000 Japanese Americans disrupted families, enacted intergenerational trauma, and characterized Japanese Americans as inherent racial threats. This federal exercise in biopolitical management intersected with state-sponsored eugenic sterilization in California institutions. Linking War Relocation Authority and California Department of Institutions records, we document 32 Japanese American sterilization survivors during the wartime incarceration period (1942–1946). We show how federal and state authority converged to deprive Japanese Americans of civil rights and reproductive liberty. We add original research and analysis to the intertwined histories of Japanese American incarceration, eugenics, and family in the United States.

Keywords

Japanese American incarceration, reproductive justice, eugenics, sterilization, institutionalization, Asian American history, World War II

Introduction

A^a, a young Japanese American woman, her parents, and three siblings were living in Los Angeles before the forced removal of Japanese Americans from the West Coast during WWII.¹ Along with over 120,000 other Japanese Americans living in California, Washington, Oregon, Hawai'i, Alaska,

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and Arizona, this family was incarcerated in a federal camp run by the War Relocation Authority (WRA) under the provisions of President Roosevelt's Executive Order (EO) 9066 and the resulting civilian exclusion orders. According to *Heart Mountain Sentinel* articles, A and her family were active in the camp community during their incarceration at the WRA camp at Heart Mountain, Wyoming. Like many Asian immigrants in earlier decades, her father had worked on West Coast railroads after his arrival in America, and eventually joined other Japanese Americans in work crews during the mass incarceration.²

However, in late 1944, A was sent back to California without her family for commitment to Pacific Colony, a state home for the "feeble-minded."³ California Department of Institutions records labeled her a "Mentally deficient girl, sex problem at Relocation Center." Health authorities, using the eugenic terminology of the time, classified A as a "middle moron grade, probable familial type" with an I.Q. of 61 and recommended she be surgically sterilized. Still incarcerated at Heart Mountain, A's parents signed the standard consent form, and A underwent the procedure in late September 1945.⁴ The date of A's release from Pacific Colony is unknown, though it appears she did not return to Heart Mountain, which closed in November 1945.

A was one of 32 Japanese Americans sterilized in California institutions during the wartime mass incarceration (1942–1946).^b During these four fateful years, A was under the federal custody of the WRA, which coordinated with California agencies to arrange for her transfer to and confinement in Pacific Colony. A's story represents a forgotten yet important aspect of the Japanese American experience during the harrowing era of incarceration and encapsulates how overlapping carceral regimes, national security rhetoric, and entrenched racial prejudices intersected with eugenics and reproductive injustice to affect the bodies, lives, and futures of Nisei and Issei in the United States.

This article combines archival materials related to the history of eugenics and sterilization in California with records related to the wartime incarceration of Japanese Americans to show how eugenic sterilization was interwoven into the larger matrix of disruption, trauma, and violence of incarceration.^{5c} Japanese Americans subjected to eugenic sterilization were under the thumb of both the federal government, most notably the WRA and the Western Defense Command (WDC), which stripped them of all civil rights, and authorities in California state institutions, who deprived them of their reproductive liberty and bodily autonomy. We reconstruct the experiences of 32 Japanese American incarcerated sterilized in California between 1942 and 1946, illuminating patterns of the wartime sterilization of Japanese Americans. We share illustrative individual stories that reveal the layered dynamics of state control and disempowerment that disrupted Japanese American families. This article provides new information and analysis about the role of eugenics and reproductive control during Japanese American incarceration and underscores the vacuous meaning of medical "consent" in an environment of intense power asymmetries and civil rights abuses.⁶

Anti-Asian Racism, Immigration Policy, and American Eugenics: Early Twentieth-Century Roots

The incarceration of people of Japanese descent, most of whom were U.S. citizens, has rightly been understood through the lens of racism, xenophobia, and wartime doctrines of national security and animus toward "enemy aliens." The fact this episode unfolded largely in the U.S. West reflected both the demographic concentration of Japanese and other Asian communities in the region and long-standing xenophobia and anti-Asian bigotry. From the late nineteenth to the mid-twentieth century, Western states implemented laws that targeted Japanese and Asian farmers and businesses and segregated communities of color in education and housing.⁷ California was home to white supremacist groups, such as the Workingmen's Party, and legislators who passed the country's first set of anti-Asian laws, providing templates for the 1882 Chinese Exclusion Act and subsequent

federal immigration bans that culminated in the 1924 Johnson Reed Immigration act.⁸ The Commonwealth Club of California (CCC), an exclusive San Francisco fraternal organization, maintained active sections on immigration and eugenics. During the 1930s, the CCC immigration section extensively discussed immigration from Japan, concluding that “Asiatics and Americans are unsimilable, due to racial differences” and “American labor must be protected against the influx of ... Asiatic labor, because of its cheap living standard.”⁹ Emblematic of its harsh stance, the Immigration Section endorsed laws that banned Asian immigration and disqualified Japanese and other “Asiatics” from eligibility for U.S. citizenship.¹⁰ Into the early 1940s, prominent federal and state politicians supported research and policies targeting minoritized groups for segregation and spatial containment, including institutionalization, deportation, and long-term detention at immigration ports like Angel Island.¹¹ The implementation of such racially and ethnically biased immigration policies capitalized on existing legal provisions that excluded disabled people, associating certain “undesirable” ethnic groups with disability and defectiveness.¹²

Scientific racism was a critical foundation of the dehumanization that Japanese American communities endured during the twentieth century, and eugenics extended its influence into the realm of reproductive control. The eugenics movement in the United States emerged at the turn of the nineteenth century as a new generation of elites and professionals sought to apply science, most specifically novel theories of heredity, to perceived social problems such as poverty, immigration, and societal strife.¹³ Eugenics, encoded with xenophobic biases, treated Japanese and all Asians as “others” who threatened the white middle class “stock.” In 1925, future president Franklin Roosevelt wrote “in this question of the Japanese exclusion from the United States, it is necessary to advance the true reason—the undesirability of mixing the blood of the two peoples.”¹⁴ While many prominent eugenics organizations were founded on the East coast or in the Midwest, California established itself as an ideological center of American eugenics in the West, providing fertile ground for homegrown organizations and the promotion of a range of eugenic policies.¹⁵ Many California white elites, like inaugural Stanford president David Starr Jordan and date palm farmer turned social reformer Paul Popenoe, propagated eugenic ideas through national and state organizations such as the Human Betterment Foundation. These elites, who had close ties to legislators and politicians, embraced a white supremacist vision of California in which “undesirable” stock would be removed or outbred, and their newly found Mediterranean paradise would be populated by a supermajority of Anglo-Saxons and Teutons.

State-Sponsored Eugenic Sterilization in California

Across the nation, scientific leaders and reformers endorsed eugenics policies and practices ranging from marriage hygiene laws to better baby contests.¹⁶ Eugenic sterilization was a harsher policy that authorized medical professionals to subject individuals to surgical sterilization on the assumption they would produce degenerate offspring that would degrade the gene pool and financially burden society.¹⁷ Eugenic sterilization laws enacted between 1907 and 1937 in 32 (of 48) states and the colony of Puerto Rico ultimately resulted in over 60,000 people losing their reproductive autonomy by the 1970s.¹⁸ The United States led the world in sterilization policy, passing the first laws and informing legislation in Canada, Sweden, and Japan.¹⁹ Strikingly, Nazi Germany relied on the sterilization laws passed in Indiana (1907) and California (1909) as templates for the development and implementation of the 1933 “Law for the Prevention of Progeny with Hereditary Diseases.”²⁰ In California and other states, eugenic sterilization targeted people labeled feeble-minded, mentally defective, and epileptic. The first iteration of the law loosely referred to problematic mental and moral conditions to rationalize the sterilization of patients and inmates in homes, hospitals, and prison. A 1917 amendment revised the law to encompass only individuals confined to state hospitals for the “insane” and “feeble-minded.” It underscored the state’s responsibility to eliminate deleterious

genes, explicitly targeting individuals with conditions “which may have been inherited and is [sic] likely to be transmitted to descendants, the various degrees of feeble-mindedness, those suffering from perversion or marked departure from normal mentality or from disease of syphilitic nature.”²¹

Institutional authorities typically sought “permission” for sterilization from family members of the institutionalized individual they desired to sterilize, ignoring the wishes of the individual themselves. They readily admitted that this “consent” process was established to protect the institutions from liability and the sterilization statute from legal challenge²² and not to protect the rights or autonomy of patients. However, even family signatures were not legally required under California law, and the Department of Institutions could exercise broad discretion in overriding family or patient objection to sterilization.²³ Sterilization consent forms contained little, if any, information on the surgical procedure and sometimes contained overly broad, permissive language, such as any “other surgical work as may be considered advisable.”²⁴ Institutional policy promoted sterilization as a prerequisite for release from the institution.²⁵ These conditions combined with documented instances of coercion, both explicit and subtle, characterize a “consent” process that failed to meet even the most basic standard of consent and fell far short of the bioethical mandate of freely given, informed consent.²⁶

Notably, the law in California and other states never explicitly identified particular racial, ethnic, or religious groups. However, categories of disability were already laden with racial biases²⁷; for example, Mexicans in California were more likely to be deemed feeble-minded “morons” than whites,²⁸ and “mental deficiency” was perceived to be more common among Black people than white people in North Carolina.²⁹ While early eugenic sterilization initiatives prioritized men and “defective” whites, by the 1930s, particularly after the procedure for female sterilization (salpingectomy) became safer and more streamlined, increasing numbers of women and people of color were sterilized.³⁰ The Sterilization and Social Justice Lab’s research has shown that Latinx³¹ and Asian-born³² individuals in California were sterilized disproportionately, which suggests that the categories of mental, physical, and intellectual disability in the state’s sterilization laws were applied in an exaggerated manner to communities of color.

Pearl Harbor and the Road to Mass Incarceration

The incarceration of more than 120,000 Japanese American people from 1942–1946 has been recognized as one of the most egregious violations of human rights in United States history. Extensive scholarship has documented the process of removal and transfer, first to “assembly centers,” and then to incarceration sites (Figure 1). The majority of those incarcerated (83.4%) were Californians,³³ making the California context key to understanding the mass incarceration’s xenophobic and eugenic underpinnings. By the early 1940s, California’s eugenic sterilization program had been operating for over twenty years in ten institutions across the state. The program peaked in 1940 at nearly 1,000 sterilizations, and over 400 operations were performed each subsequent year until 1948. In the same year FDR issued EO 9066 and the WDC rounded up West Coast Japanese Americans, California performed 735 procedures on residents of its state institutions. Thus, the forced removal and incarceration of Japanese Americans coincided with the heightened tempo of eugenic sterilization in California. Despite Germany’s position as the primary nemesis of the Allied Powers, the United States shared many attributes with the Third Reich in terms of white supremacist laws and language.³⁴ Eugenacists labeled Japanese Americans as undesirable “hyphenates” with a strong predilection for disloyalty,³⁵ but anti-German American sentiment never reached the same feverish pitch.

In California, there was strong eugenic animus against Japanese Americans during the lead up to removal and incarceration. Notably, the Sacramento-based Home Front Commandos dedicated to “Ousting the Japs” was funded in large part by Charles M. Goethe, Nazi sympathizer and founder of the Eugenics Society of Northern California. Interweaving Nipponophobia and eugenics, this organization published literature that demonized Japanese as treacherous, inhuman, depraved, and

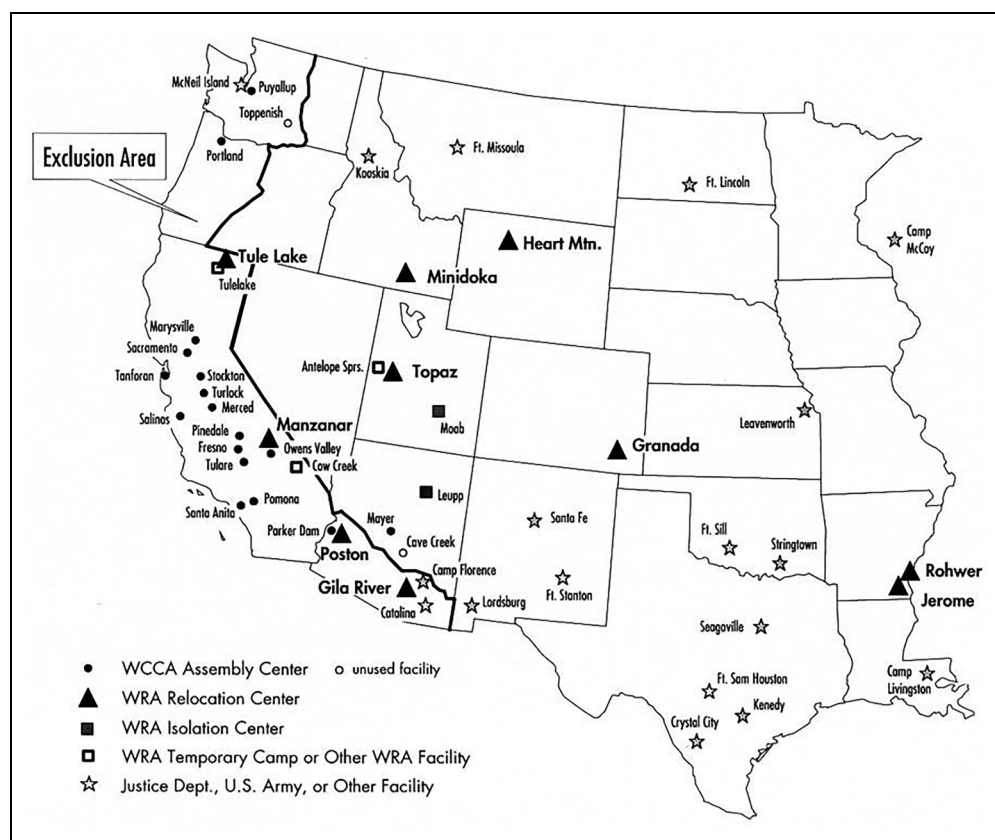


Figure 1. Map depicting the locations of various types of camps where Japanese Americans were incarcerated during World War II. Created by the U.S. National Park Service.

disloyal, among other adjectives, and endorsed the statement “No Jap is Fit to Associate with Human Beings.” Goethe propagated these ideas in his own whimsical yet cruelly racist pamphlets, which celebrated the Anglo-Saxon and Nordic “high-powers,” and demanded the elimination of Japanese and Mexican “low-powers.” Other anti-Japanese groups that circulated dehumanizing propaganda included the Pacific Coast Japanese Problem League in Los Angeles, which combined a defense of Christianity with Nipponophobia and worked to intensify anti-Japanese policies on the legislative level.³⁶

Furthermore, the growth of the administrative states both in California and nationally enabled the coordination of state and federal authorities in the lead up to and during the incarceration. This included Depression-era and New Deal agencies, particularly those focused on social welfare. Wartime cemented these new structures, which were emboldened by calls for patriotism and shaped by the anti-Japanese racism that permeated the U.S. after the bombing of Pearl Harbor in December 1941.³⁷ Federal-level plans for incarceration were underway by early 1941, before the U.S. had any inkling that Pearl Harbor would be bombed at the end of that year.³⁸ The confinement of Japanese Americans during wartime relied in part on overlapping systems of local, state, and federal agencies that had been established years if not decades before.

Recent scholarship shows that social workers, overwhelmingly white women trained at U.S. universities who had gained experience in a developing criminal justice system that included the courts,

police, and reformatories,³⁹ were instrumental in the project of removal, incarceration, and population management. This resonates with the notable role of social workers in eugenic projects, who were often dispatched by state charity organizations or the national Eugenics Records Office to survey communities and identify individuals and families that were deemed defective, unfit, and/or in need of rehabilitation or institutionalization.⁴⁰ Social workers facilitated the physical movement of Japanese Americans and made determinations about exemptions for individuals who required special medical care or were already institutionalized in prisons or mental hospitals. Even if these individuals were not remanded to the camps, they remained the “custodial responsibility” of the WRA.⁴¹

Eugenic Dimensions of Incarceration: Family Separation and Reproductive Injustice

Despite the depth of literature on Japanese American incarceration, its intersection with the long history of eugenics and reproductive injustice in the United States has remained underexplored. Yet as an exercise in population management that sought to contain and regulate a racialized population, the incarceration had many eugenic dimensions at the structural level.^{42d} It involved the separation and confinement of a group deemed biologically threatening and politically suspect, and a simultaneous fixation on and disregard for Japanese American families. Japanese American families were transported far from home and forced to raise children in hastily constructed, prison-like camps in inhospitable terrain.⁴³ Substandard medical facilities,⁴⁴ dismal maternal care,⁴⁵ and the lack of privacy in overcrowded barrack-style housing⁴⁶ fostered an environment conducive to ill health and replete with stressors that could precipitate mental distress. At Jerome, for instance, there were only seven doctors on site to attend to the 10,000 people incarcerated at that camp by late 1942.⁴⁷ Japanese Americans were subjected both to long-term incarceration and to mandatory relocation, including to Tule Lake if they were deemed disloyal or delinquent, and to other institutions including homes and hospitals. From a psychological perspective, removal and incarceration constituted a racialized, intergenerational mass-trauma event that continues to reverberate among Japanese Americans today.⁴⁸

During the initial phase of removal, which required Japanese Americans in the “exclusion zone” to gather at makeshift “assembly centers,” families were sometimes separated even if the purported intent of the U.S. government was to keep households intact. The primary driver of family separation was mass arrests of male Issei community leaders by the Federal Bureau of Investigation (FBI) and Immigration and Naturalization Service (INS) in the immediate aftermath of and months following Pearl Harbor. As a result of these arrests, nearly 8,000^e Japanese American men were incarcerated in separate camps under the control of the army, INS, or Department of Justice, receiving only perfunctory hearings weeks or months later. Eventually, some of these Issei men (about 1,700) were able to reunite with family after being “paroled” to WCCA or WRA camps. Yet many remained in these separate internment camps until the conclusion of or even for years after the war.⁴⁹ The segregation to Tule Lake of those labeled “disloyal” was another vehicle for family separation during the incarceration period,⁵⁰ as was the push for “loyal” Japanese Americans, especially Nisei, to depart the WRA camps and “resettle” further east outside of the military exclusion areas for education, employment, or the military.⁵¹

Concurrent with incarceration, confinement in public institutions was often a less visible form of family separation, impacting over 1,900 Japanese Americans and their families by extension.⁵² In some instances, the state forced families to institutionalize relatives in mental hospitals or medical sanitariums. In one case, during the initial phase of removal, the FBI took a father into custody, kept the mother in a tuberculosis sanitarium, and made the two teenage children travel to the assembly center on their own. In another case, a family was forced to place their “mentally retarded” son, who had always lived at home, in a mental institution.⁵³ Even when the state did not explicitly order

institutionalization, the conditions of incarceration may have pushed some families into a decision in favor of institutional commitment.^{54f}

In addition to removal, incarceration, and the eventual assimilationist dispersal of the Japanese American community via resettlement,⁵⁵ scholar James A. Tyner highlights several more extreme proposals from both lawmakers and citizens in his geopolitical examination of the eugenic facets of the mass incarceration of Japanese Americans during WWII. The Native Sons and Daughters of the Golden West called for the camps to be segregated by sex to limit the ability of Japanese Americans to have children while incarcerated.⁵⁶ Senator John Rankin of Mississippi presented to Congress a letter ostensibly written by a constituent similarly concerned that Japanese Americans would use “internment time as an incubating period.”⁵⁷ An unnamed California congressman went further, proposing giving Japanese Americans a choice between “sterilization or deportation.”⁵⁸ Historians Greg Robinson and Nancy Ordover also identify eugenically informed proposals related to incarceration. Early 1942 correspondence between President Roosevelt and Dr. Ales Hrdlicka, former chief anthropologist at the Smithsonian Institution, found the president “intrigued” by the idea of “solving the ‘Japanese problem’ through mass interbreeding,”⁵⁹ again centering reproduction as a key facet of this mass incarceration project. As late as March of 1945, Democratic Representative Jed Johnson from Oklahoma was reported to have proposed making “an appropriation to sterilize the whole outfit.”⁶⁰ These calls for sterilization and other explicit limitations to the reproductive freedoms of Japanese Americans were never implemented legislatively, and we found no evidence to suggest extralegal systematic or mass sterilization of Japanese Americans within the incarceration camps themselves.^{61g} Instead, the records reveal a numerically smaller group of incarcerated Japanese Americans caught up in the pedestrian operation of the dual systems of federal wartime incarceration and eugenic sterilization via institutionalization in California.

Methods

In 2007, microfilm reels containing sterilization recommendation forms in the records of the Department of State Hospitals (formerly the California Department of Mental Health and the California Department of Institutions) were found at the California State Archives. Institutional authorities had recorded demographic, personal, and familial information on these forms. With approval from appropriate ethical review bodies in California and the universities of researchers affiliated with the Sterilization and Social Justice Lab (SSJL), these forms were digitized and abstracted into a quantitative dataset⁶² using REDCap software.⁶³ Ultimately, more than 20,000 sterilization cases and data from more than 50,000 individual documents were entered into REDCap, creating the largest systematic dataset of eugenic sterilization in the United States.

Race, ethnicity, and nativity were not systematically collected on the California sterilization request forms. Therefore, we used the predictive unconditional Japanese surname list developed by Lauderdale and Kestenbaum⁶⁴ to search the SSJL dataset for Japanese American sterilization survivors with sterilizations authorized between 1942 and the end of the CA Department of Institutions sterilization records in 1952 ($n = 42$). In addition, we included individuals explicitly indicated as Japanese on their forms ($n = 12$) during the same period. The names of individuals and any relatives found on SSJL records were cross-referenced with publicly available WRA records and other archival sources. Of the 54 sterilization records for Japanese Americans from 1942–1952, we were able to connect 42 survivors to the incarceration camps. Of the 42 records with some link to incarceration camp records, 32 of these sterilizations were authorized between 1942 and the end of the mass incarceration in 1946.^h

These 32 cases with a confirmed connection to the incarceration camps form the foundation of the following archival analysis, but additional cases not identified by our methods may still exist. Information gleaned about an individual from the sterilization recommendation forms and the

other archival sources was synthesized, and themes and patterns were analyzed. To complement individual level experiences of sterilization and incarceration, archival searches were also conducted for letters, memos, reports, and other documents that illustrate relevant institutional processes. Materials about institutions primarily came from federal government⁶⁵ and California state government records,⁶⁶ accessed via both digital and physical archives.

Results

Who Were the 32 Japanese American Sterilization Survivors?

We have identified 32 Japanese Americans who, during the period of Japanese American incarceration (1942–1946), were recommended for eugenic sterilization in California State Hospitals and Homes for the Feeble-minded. Demographic (Table 1), incarceration (Table 2), and institutional (Table 3) information were compiled for these 32 individuals across the entire incarceration period and by incarceration period phase. We observed six different pathways when tracing the movement of these individuals through these two carceral systems. Taken as a whole, these different

Table 1. Overall Demographic Information and Demographic Information by Time Period for 32 Japanese American Sterilization Survivors.

	Overall Incarceration Period (n = 32)	Early Incarceration Period (n = 10)	Middle Incarceration Period (n = 13)	Late Incarceration Period (n = 9)
Generation				
Issei	4	3	—	1
Nisei	26	6	13	7
Kibei	2	1	—	1
Sex				
Female	20	7	7	6
Male	12	3	6	3
Age				
<20	5	2	1	2
20–24	13	2	9	2
25–29	5	2	1	2
30–34	4	1	1	2
35–39	2	1	1	—
40+	3	2	—	1
Marital Status				
Single	23	5	13	5
Married	7	5	—	2
Separated or Divorced	2	—	—	2
Number of Children				
None	24	5	13	5
1	1	—	—	1
2–3	5	5	—	—
4+	2	—	—	2
Religion				
Buddhist	13	2	7	4
Christian	12	4	4	4
Other/ None/ Unknown	7	4	2	1

Table 2. Overall Incarceration Information and Incarceration Information by Time Period for 32 Japanese American Sterilization Survivors.

	Overall Incarceration Period (n = 32)	Early Incarceration Period (n = 10)	Middle Incarceration Period (n = 13)	Late Incarceration Period (n = 9)
Pathway to Sterilization				
Remained Institutionalized	7	7	—	—
Patton to Manzanar Transfer	3	3	—	—
WRA Camp Directly to California Institution	8	—	6	2
WRA Camp to Institution in Other State	8	—	7	1
Institutionalized <1 Year After “Terminal Departure”	6	—	—	6
WCCA “Assembly Center”				
Fresno	2	—	1	1
Manzanar	1	—	—	1
Merced	1	—	—	1
Pomona	4	—	4	—
Sacramento	1	—	—	1
Salinas	1	—	1	—
Santa Anita	4	—	4	—
Tanforan	3	—	1	2
“Direct Evacuation”	5	—	2	3
None	10	10	—	—
WRA “Relocation Center”				
Gila River	1	—	1	—
Granada	1	—	—	1
Heart Mountain	5	—	5	—
Jerome	2	—	1	1
Manzanar	4	3	—	1
Poston	6	—	3	3
Rohwer	2	—	2	—
Topaz	3	—	1	2
Tule Lake	1	—	—	1
None	7	7	—	—

pathways between carceral systems reveal the logistics behind an aspect of the biopolitical management of Japanese Americans viewed as a threat to American society and national security. Their distinct experiences reflect both idiosyncrasies during wartime and the particularities of the evolution of Japanese American incarceration, facilities and systems in place at different camps, familial situations, financial squabbles about responsibility for custodial care, and proximity between federal camps and California state institutions.

Although there were varying pathways between incarceration camps and state institutions, in all cases, sterilizations were performed with the purported purpose of impeding the reproduction of the Japanese American women and men labeled as unfit, defective, or mentally abnormal. Reports from the WRA reveal that at least 1,942 Japanese American people, of the more than

Table 3. Overall Institutional Information and Institutional Information by Time Period for 32 Japanese American Sterilization Survivors.

	Overall Incarceration Period (<i>n</i> = 32)	Early Incarceration Period (<i>n</i> = 10)	Middle Incarceration Period (<i>n</i> = 13)	Late Incarceration Period (<i>n</i> = 9)
California State Institution				
Sonoma	3	1	1	1
Pacific Colony	4	—	3	1
Patton	15	6	6	3
Stockton	6	3	3	—
Agnews	1	—	—	1
Napa	3	—	—	3
Legal Provision				
Mental Disease	24	9	8	7
Feeble-mindedness	7	—	5	2
Other or Multiple	1	1	—	—
Consent Form Signatures				
Parent(s)	19	4	11	4
Sibling/Extended Family	3	1	1	1
Spouse	8	5	—	3
No Signed Consent Form	2	—	1	1

120,000 incarcerated, were housed, for at least some period of time, in medical, penal, and mental institutions across the country.⁶⁷ As of March 20, 1946, 1,122 Japanese Americans remained institutionalized, most in western states.⁶⁸ The vast majority, 781 or 70.0%, were in California institutions, mirroring the Californian majority (83.4%) among the entire incarcerated population of Japanese Americans.⁶⁹ Close to 400 of the 781 Japanese Americans were specifically institutionalized in mental hospitals in California,⁷⁰ and our findings indicate at least 32 were sterilized during the period of incarceration.

A few distinct patterns emerged among these 32 cases: more women (20) than men (12) were sterilized, the average age was 26, and the majority (23) were single with no children. The age distribution of these sterilization survivors is consistent with these distributions among the entire population recommended for sterilization in California at this time, with those of reproductive age being the primary focus of eugenic sterilization programs. The female majority mirrors overall trends in California, whose sterilization program initially targeted men in the 1920s but by the 1940s was increasingly targeting women, and disproportionately women of color. Female Japanese American incarcerated who were sterilized in state institutions in California were a numerically small but important part of this trend.

No one incarceration camp stood out in the number of individuals institutionalized, then sterilized, in California, but Poston (*n* = 6) and Heart Mountain (*n* = 5) had the most. Most of the sterilizations occurred at Patton State Hospital (15), which may be due to the size of the institution and its proximity to Los Angeles. In the first half of the twentieth century, Patton sterilized more than 4,000 people based on a menu of psychiatric diagnoses ranging from dementia praecox, a precursor term for schizophrenia, to acute psychosis.⁷¹ The majority of the sterilization survivors in this cohort were given a diagnosis of dementia praecox (20) and were sterilized under the legal provision for “mental disease which may have been inherited and is likely to be transmitted to descendants” (*n* = 24).

Seven Japanese Americans remained in California institutions post-sterilization for the duration of the incarceration period, albeit under the administrative and financial custody of the WRA, while the

remaining survivors were physically incarcerated in WRA camps for some time. Three survivors were transferred from California state institutions to WRA camps post-sterilization. Eight were transferred directly from WRA camps to California state institutions, where they were then sterilized. Eight additional people were transferred from WRA camps to hospitals or mental institutions in the same state as the WRA camp, then transferred to California state institutions where they were then sterilized. A further six Japanese Americans were institutionalized and recommended for sterilization in California within just a yearⁱ of their release and departure from the incarceration camps.

Families Under State Control: Complexities of “Consent” to Sterilizations in Carceral Systems

Scholars⁷² have previously documented a broad spectrum of resistance, complicity, and compliance on the part of family members during the institutional commitment process and negotiation of permission for sterilization operations. In some cases,⁷³ parents or other relatives used institutions or other carceral systems to punish children who were acting out or to control what they viewed as non-normative behavior, only to find that they had little power to secure the release of a child or adolescent family member if they did regret the institutionalization. Many other parents and relatives were not nearly as involved or supportive of institutionalization but their relatives still ended up in institutions due to coercive power dynamics or societal pressures. Still others saw an institution as a place for their loved one to receive needed care that they themselves felt incapable of providing or relied on the word of experts who assured them of the benefits of institutionalization. Regardless of a family’s, individual’s, or government official’s original motivation for an institutionalization, parole from an institution was routinely made contingent upon sterilization prior to release.⁷⁴

With the evidence in the records available, the individual circumstances of each sterilization survivor’s family can be difficult to ascertain. However, the increased contact with the administrative state brought about by the incarceration and the emotional, psychological, and cultural toll of the years-long experience strongly suggest added layers of coercion in the consent process for Japanese American families during this time.^{75j} Signed consent forms existed in 30 cases, though in most (22 of 30), the consenter and witness “signatures” were typed, not handwritten. The two cases without consent forms were a single man with no known family and a young woman with deceased parents and several siblings who were said to have no legal status despite being listed as U.S. citizens in WRA records. On one sterilization form that was accompanied by a consent form, a handwritten notation indicated that a letter of protest had been received by the institution from a family member of a young woman, D, but the letter itself was not found among the Department of Institutions files at the California State Archives. One or both parents were the “consenters” in most of the cases with consent forms (19). The individual’s spouse signed the form in eight cases and a sibling or extended family member signed in three cases.

Significantly, nearly half of the familial consenters were themselves incarcerated when they signed the forms ($n = 14$), and a few additional familial consenters signed the sterilization consent forms within only six weeks of entering or leaving an incarceration camp ($n = 4$).^k For an additional six familial consenters, their status at the time they signed the form is unknown due to gaps in the records (Table 4). Each Japanese American sterilization survivor in our records experienced family separation for some period due to institutionalization. Family separation and the disruption of families and communities have important implications for understanding the dynamics of familial consent for sterilization. Family members and individuals exercised their autonomy as best they could in a carceral environment that constrained their decision-making.⁷⁶ These familial consenters were faced with a “Sophie’s Choice,” forced to make a serious and permanent decision

Table 4. Family Status When “Consent” Form was Dated, Overall, and by Period of Incarceration.

	Overall Incarceration Period (n = 32)	Early Incarceration Period (n = 10)	Middle Incarceration Period (n = 13)	Late Incarceration Period (n = 9)
Form signed while incarcerated in WRA, WCCA, or Internment Camp	14	3	10	1
Form signed within 6 weeks of entering or departing camp	4	3	—	1
Not incarcerated	6	—	1	5
Unknown	6	4	1	1
Total	30	10	12	8

about their family member’s reproductive future while they navigated an entire nation questioning their rights and loyalty, protecting other family members and themselves, and worrying about when they could again live freely in American society.

In the 30 “consent” forms for Japanese American sterilization survivors found in California Department of Institutions sterilization records, none of the “consenter” signatures came from non-family members. However, the presence of family member names on a “consent” form does not preclude involvement, guidance, or pressure from federal or state officials in facilitating the consent process; they just did not leave the visible evidence of their names on that particular form.⁷⁷¹ Of the 21 consent forms with witness signatures in addition to consenter signatures (9 of the 30 forms did not have a place for a witness signature or had one that was left blank), nine witnesses were other relatives, six appeared to be Japanese Americans with no familial relationship, two were Japanese American physicians in the camp hospitals, and four were white physicians or other WRA health or welfare employees. One of those four white WRA employees was Dr. Alexander Leighton, a psychiatrist working as head of Poston’s Bureau of Sociological Research,^{78m} whose typed signature under witness appears on a sterilization consent form for a young Japanese American woman (Figure 2).⁷⁹

Thus, consent operated within the context of excessive management of families and reproductive futures through state coercion and control and suggests a wide spectrum between the two extremes of familial complicity or institutional pressure. In an environment of overlapping institutionalization and incarceration and involvement of respected medical experts in positions of power such as camp doctors and California institutional superintendents, consent likely became a hollow exercise. Wartime incarceration of Japanese Americans enabled the reproductive injustices of family separation, forced upbringings in inhospitable environments, and the eugenic sterilization of at least 32 Japanese Americans in California institutions.

Institutionalization and Sterilization Patterns During Distinct Phases of the Incarceration

The mass incarceration of Japanese Americans during WWII was not a single disruptive event, but a series of upheavals over several years. Each phase of the incarceration, namely removal, incarceration, and relocation shaped the institutionalization and sterilization process for Japanese Americans. Sterilizations occurred across the entire incarceration period.

PATTON STATE HOSPITAL
PATTON - CALIFORNIA

RECEIVED
SEP 28 1942
CALIFORNIA DEPT OF INSTITUTIONS

(Please date) September 15, 1942

Permission is hereby given for the operation of Sterilization and such other surgical work as may be considered advisable, to be performed upon [REDACTED] #37152 a patient in the Patton State Hospital, by the surgeons of said hospital.

The nature and danger of the operation have been fully explained to me.

(Signed) [REDACTED] (Mother) Parent.

Witness: A. H. Leighton

Figure 2. California department of institutions sterilization consent form. Used with permission from the California State Archives.

Mass Removal and Deferred Evacuation: The Early Days of Incarceration

The forced mass removal of over 110,000⁸⁰ⁿ Japanese American people from the West Coast constituted an immense challenge. Thus, at the beginning of the incarceration period and the early days of EO 9066, the exhaustive, systematic process of this “evacuation” dominated the focus of federal and state government agencies. “Deferred evacuation” of Japanese Americans in private, county, and state hospitals and institutions at the time of removal therefore gave the WCCA and WRA the opportunity to temporarily delay long-term plans for over 1,200⁸¹ institutionalized Japanese Americans in more complex circumstances. The nine State Hospitals and Homes for the Feeble-minded operated by the California State Department of Institutions, which functioned as the primary sites of sterilization under California’s eugenic sterilization statutes, participated in deferring of “evacuation” for Japanese American residents of their institutions. Sources documenting initial decisions surrounding “deferred evacuation” and the later planning for Japanese Americans remaining in institutions reflected this complexity, revealing confusion, changing plans, and unclear delegation of responsibilities to participating agencies.⁸² It is only after the transfers from the temporary “assembly centers” to the more permanent “relocation centers” and the transition from WCCA and WRA authority that officials again began to consider how to handle institutionalized Japanese Americans.⁸³ Even then, the primary focus of California and WRA officials became transferring the “deferred evacuees” who were in medical hospitals or tuberculosis sanatoria to the incarceration camps.^{84o}

The California Department of Institutions appeared relatively unconcerned over the continued presence of Japanese Americans in its institutions, illustrated in part by the lack of comment on the wartime removal and incarceration of Japanese Americans in any of its annual reports from 1941–1945. The San Francisco Examiner reported on August 21, 1942, “there have been only sixty-

six Japanese among the more than 4,000 persons admitted to State mental hospitals since Pearl Harbor.” Among the Japanese American sterilization survivors who remained in an institution under the custodial responsibility of the WCCA or WRA for the duration of the incarceration period ($n = 7$), California institutional authorities deployed sterilization quite differently than its typical use as a systematic tool for reproductive control of “parolees.”⁸⁵ Sterilization could not serve as a precondition for a return to freely living in the community since all Japanese Americans were under federal jurisdiction, whether held in a state institution or a federal incarceration camp. Confinement of Japanese Americans in an institution essentially served the same purpose as the incarceration camps by restricting freedom of movement and communication and controlling interaction with those outside the institution.

Furthermore, WRA camps’ insufficient basic medical facilities included their poor psychiatric and mental health infrastructure, presenting barriers⁸⁶ to transferring Japanese Americans from California mental institutions to incarceration camps. Some camps had medical social work divisions within the health or welfare sections, but personnel could be as scant as a single, part-time medical social worker.⁸⁷ A junior counselor at Tule Lake wrote that the camp’s welfare section was primarily occupied with financial assistance, there was no psychiatrist on the hospital staff, and outside psychiatric consultation services were “unavailable.”⁸⁸ The medical social service department at Topaz reported that “the only psychiatric service available in Utah was at the State Hospital” and “the only private psychiatrist in the state was unable ... to take any cases for us.”⁸⁹ The aforementioned Leighton, the head of the Bureau of Sociological Research at Poston, was occasionally asked to split his time to consult on psychiatric cases⁹⁰ at the hospital, presumably to fill a gap in the expertise of the health staff at the camp.

A smaller number of sterilization survivors ($n = 3$) were eventually “released” directly to WRA incarceration camps after being institutionalized before or while their families were “evacuated” from the West Coast. The earliest of these transfers, also referred to as discharges, paroles, or institutional admissions, did not occur until late February 1943. All three were women institutionalized at Patton State Hospital and reunited with family at the Manzanar incarceration camp after periods of separation ranging from about 10 months to 2.5 years. The families of the seven sterilization survivors who were not paroled (Table 5) were incarcerated at Tule Lake ($n = 3$), Gila River, Heart Mountain, and Jerome (1 each), indicating something about Manzanar versus other incarceration camps may have facilitated release from Patton State Hospital, such as the geographic proximity of the two sites. An August 26, 1942, interagency letter⁹¹ from the Patton Medical Superintendent to the Manzanar Chief of Community Services Division states “We have not considered the release of any Japanese patient in the institution to go to your relocation center, or any other relocation center ... as they are still in need of care.” The letter then thanks the Chief of Community Services and indicates potential future interest in “the re-uniting of families who have one or more members in this hospital,” though this interest ultimately did not result in many institutional paroles and subsequent family reunifications.

Tangled Interagency and Interstate Coordination: the Middle Incarceration Period

Among the sterilization survivors identified in CA Department of Institutions records, the first transfers from WRA camps to California state institutions did not occur until August of 1942, after the completion of “evacuation” of Military Area 1 and removal from temporary WCCA “assembly centers” to more permanent WRA “relocation centers” was well underway. While the two earliest transfers from WRA camps to institutions among sterilization survivors in our records occurred in the fall of 1942, the majority of these middle period cases (11 of 13) occurred after removal from Military Area 2 was also complete. Until the January 1945 cancellation of the civilian exclusion orders precipitated by EO 9066, Japanese Americans were fully barred from California unless confined to a federal incarceration camp (i.e., Manzanar and Tule Lake) with few exceptions. Given this

Table 5. Incarceration Information for Families of 31 Japanese American Sterilization Survivors.

WCCA "Assembly Center"	
Fresno	3
Manzanar	4
Merced	1
Pomona	3
Sacramento	3
Salinas	1
Santa Anita	6
Tanforan	3
"Direct Evacuation"	7
WRA "Relocation Center"	
Gila River	2
Granada	1
Heart Mountain	5
Jerome	3
Manzanar	4
Poston	7
Rohwer	2
Topaz	3
Tule Lake	4

One of the 32 total sterilization survivors had no known family.

wholesale exclusion from the state, commitment to institutions in California during this period required considerable interagency coordination and relied on existing, but increasingly complex interstate institutional relationships.

The group of Japanese American sterilization survivors institutionalized during this period had more uniform characteristics than their counterparts institutionalized during the early incarceration period before and during "evacuation," and the later incarceration period after the West Coast reopened to Japanese American incarcerated. All thirteen were single Nisei without children, with a nearly equal split between women ($n = 7$) and men ($n = 6$). The majority were 20–24 years old ($n = 9$) with one or both parents listed as a "consenter" to the sterilization operation ($n = 11$). About half were committed directly to California state institutions from WRA camps ($n = 6$), whereas the other half were first committed to institutions in the state of their site of confinement before being transferred to California state institutions and subsequently being recommended for sterilization ($n = 7$).

The relative youth characterizing the Nisei Japanese American sterilization survivors in this group and the parental "consent" to sterilizations could reflect generational and familial tensions in the community exacerbated by the conditions of incarceration. Intergenerational conflict was not unique to the Japanese American community, but it was made more visible by the conditions of incarceration, such as close living quarters in the barracks. The conflict between the traditional values of Issei parents and community leaders and the Nisei youth's desire for independence was highlighted by WRA officials at different camps and discussed among the Japanese American community as well. Some WRA officials were decidedly pro-Nisei in the face of this generational divide, promoting assimilation and Americanization as proof of loyalty to the United States and worrying about the supposedly overbearing influence of the Issei generation. Some Nisei also adopted this view; they resented how the reluctance of the older generation to assimilate fueled stereotypes that their entire community was disloyal, un-American, and enemy aliens. For example, a report from Tule Lake prior to becoming a segregation center states "Life on the outside has to a large extent made the Nisei independent of Issei authority. Thrown together in the close confines of the Project with

their Issei parents, the young generation admits that the opportunities of remaining independent from them will decrease” and “the Issei patiently, if openly, boast that the longer they remain on the Project and the older the Nisei become the greater are the chances of their reverting back to type.”⁹²

Not all WRA officials and Japanese Americans viewed the Issei-Nisei disconnect positively, instead calling it a “breakdown of discipline and parental control”⁹³ and contributing factor in juvenile delinquency. Occasional cases of youth misconduct, which included everything from “cutting of school classes” to “loitering, gambling, vandalism, and petty thefts,” received inordinate attention as threats to “the future welfare of the young people.”⁹⁴ Reports from several camps detail community- and WRA-led formation of commissions, committees, or councils dedicated to preventing “youth problems,”⁹⁵ yet these same reports acknowledge juvenile delinquency was not a widespread issue. Vague descriptions of two of these young people as a “sex problem at relocation center”⁹⁶ and a “problem in evacuation center because of low mentality”⁹⁷ on their Pacific Colony sterilization forms suggest such concerns motivated institutionalization and/or sterilization for at least a few young Japanese Americans.

When making decisions about commitment to outside mental institutions, the WRA assessed the liminal status of Japanese Americans as legal residents of their West Coast states of origin, physical residents in the states of their incarceration camps, and custodial residents of the federal government. The lack of health infrastructure in general and mental health infrastructure specifically meant camp hospitals could only serve as temporary sites of institutionalization or “clearing space[s] for mental cases,” as Poston General Hospital had been designated in an early Poston Health Section Report.⁹⁸ Archival sources documenting the transfers of some individuals to outside institutions reveal extensive, quotidian, and often messy bureaucratic processes involving multiple WRA sections at each camp, including Health, Welfare, and Legal, other federal agencies, and agencies from multiple states. The institutionalization process at Heart Mountain seemed particularly complicated due to a lack of cooperation from Wyoming state agencies.⁹⁹ Beginning in 1943, Heart Mountain was the only WRA camp to send individuals directly to California institutions, at least among those in CA Department of Institutions sterilization records. Four of the five sterilization survivors from Heart Mountain were transferred directly to a California institution, despite the immense logistical challenges of transporting them over 1,000 miles to destinations within a military exclusion zone. In late November 1944, Heart Mountain administrative staff struggled to book “Pullman Space” for two “mental patients,” the Medical Evacuee escort, and the Medical Social Worker in the health section serving as a female escort and in another instance, over a month passed before the staff could book Pullman accommodations for people being transferred to outside hospitals.¹⁰⁰

Despite these challenges and “the reluctance of institutions in some states to admit evacuee mental patients,”¹⁰¹ the other incarceration camps were able to negotiate institutionalizations to mental hospitals or homes for the “feeble-minded” in closer proximity, and these commitments appeared to be more than “on paper.” According to the 1942–1943 Annual Report of the Arizona State Hospital,¹⁰² “admission of Japanese patients from the War Relocation centers of the state [Poston and Gila River] accounts for 20 new admissions during the fiscal year.” The WRA’s reimbursement of “\$45.00 per month a-piece” for Japanese Americans admitted from the incarceration camps did not alleviate the institutional overcrowding that the report partially attributed to this influx of Japanese American patients.

“Resettlement” and Erosion of Community and Family Structures: End of Exclusion

The West Coast “reopened” to incarcerated Japanese Americans in January 1945 and commenced a new phase of the WRA and camp administration. Relocation became a mandate with the announcement that all WRA camps would close by January 1946. Leave clearance applications and permits were no longer necessary for travel outside the camps, and the WRA now actively pressed all

Japanese Americans to resettle throughout the U.S. or return to their previous residences in California and other Western states. The mission of camp personnel shifted from approving leaves based on perceived loyalty to interviewing and advising families and individuals about their long-term plans for life outside the camps.¹⁰³ This planning process could include facilitating institutional care for one family member while preparing the rest of the family for life outside a carceral setting.

Three sterilization survivors present in our records were institutionalized from a WRA camp after January of 1945, two admitted directly to California institutions and one first committed to an out-of-state institution then transferred to a California institution. Six additional sterilization survivors were not direct institutional departures according to the final accountability rosters,¹⁰⁴ but were admitted to institutions less than a year after leaving the incarceration camps. This group of late- and post-incarceration period sterilization survivors were fairly evenly distributed in age, similar to survivors from the early-incarceration period, but were more dispersed among institutions, with Napa and Agnews State Hospitals now represented. Signatures from spouses ($n = 3$) were once again found on consent forms in this period, almost as often as parental signatures ($n = 4$).

These later cases highlight the changing institutionalization process due to the approaching end of mass incarceration, planning for the dissolution of the WRA, and the country attempting to return to normalcy post-war. Paralleling sterilization as a mechanism for release from mental institutions, institutionalization of a relative was sometimes explicitly tied to “resettlement” planning or departure from the camps for Japanese American families.¹⁰⁵ Incarceration had eroded extended family relationships and community support systems that previously may have protected against institutionalization and enabled community care.

Whether families faced with such decisions were reluctant or appreciative, institutionalizing a family member likely restricted relocation opportunities since residency was a requirement for admission to some institutions¹⁰⁶ and receipt of government assistance to pay for care. Despite the estimated 51.4% of Japanese Americans who did not return to the West Coast upon release from the WRA camps,¹⁰⁷ their legal residency during the incarceration period¹⁰⁸ and at the time of their release¹⁰⁹ was determined by residency prior to incarceration. Those who “resettled” were subject to the same residency requirements as the general population and could thus only access certain services after living in a new area for a minimum period of time. Residency was cited to deny claims for government financial assistance,¹¹⁰ and the head of the Rohwer Welfare Section maintained “it [was] unrealistic not to plan for those needing continuing assistance to return to their place of pre-evacuation residence.”¹¹¹

With the California institutional records currently available, the Japanese American community’s relationship with state institutions prior to the incarceration period is largely unknown; however, WRA documents suggest reluctance among Japanese Americans to institutionalize family members due to cultural values and state that community care was common prior to incarceration. In one stark example, a Heart Mountain medical social service report observed “these people are concerned about caring for their own defectives and have to be convinced of the benefit of institutionalization.”¹¹² Japanese American families facing the decision of institutionalizing a relative were thus caught between pressure from WRA officials in positions of power and “expertise” who favored institutional care and preexisting social expectations of community care,¹¹³ while navigating the added struggles of incarceration.

Discussion of Themes from Individual Stories

Beyond exploring the institutional and diagnostic patterns of sterilized incarcerated, the experiences of removal, family separation, medicalization, and reproductive injustice can be humanized through exploration of individual stories. Based on the depth of archival records, we are able to reconstruct

the personal trajectories of three Japanese Americans—one woman and two men—who were both incarcerated and subjected to eugenic sterilization.

M's Story: Reunification at Manzanar After Sterilization and Prolonged Family Separation

Of the three Japanese American sterilization survivors moved from Patton to Manzanar during wartime, M and her family were separated for the longest period. Although her sterilization recommendation form reports a February 26, 1942, admission date, an oral history interview given¹¹⁴ by her eldest son suggests she may have been institutionalized elsewhere before her time at Patton. Her son vividly remembers his mother suffering a nervous breakdown upon the arrest of his father the day after the attack on Pearl Harbor. He and his younger siblings were sent to the Salvation Army Orphanage and were “evacuated” to the Children’s Village at Manzanar with other Japanese American children residing at the home.

Once she was institutionalized, the administrative authorization to sterilize M proceeded seemingly as usual, albeit quickly. A consent form for M’s sterilization with her husband E’s typed “signature” is dated March 10, 1942, when her husband would have still been interned at the Fort Lincoln detention facility. His imprisonment and knowledge of his children being without parents compound the already coercive nature of the eugenic sterilization “consent” process. Patton’s medical superintendent then requested permission from the Department of Institutions on March 20, 1942, to sterilize M, and the director of the Department of Institutions signed his approval four days later. M underwent a sterilization procedure about three weeks after the director’s authorization, less than two months after her official admission date.¹¹⁵

A July 29, 1942¹¹⁶ letter from E to the Manzanar Children’s Village Superintendent inquired about his children’s well-being and indicated his hope for transfer out of internment soon. E was eventually paroled to Manzanar in early August 1942, though his and M’s children stayed in the Children’s Village for some time after. In several letters, E seemed eager to have M join him and their children at Manzanar, especially for the sake of their young daughter. On August 18, 1942, WRA officials first contacted Patton about the possibility of M’s transfer to Manzanar to reunite with her family. The inquiry letter candidly stated, “We have a good hospital and medical staff, but no provision for the care of the insane or for any special treatment or care of persons in any way abnormal.”¹¹⁷ The institution’s response discouraged the idea since she “has not improved sufficiently to leave this hospital and again assume the responsibility of her family.”¹¹⁸

On June 21, 1944, the Manzanar Project director wrote with a request from M’s husband E to visit her at Patton if she was not ready to be discharged.¹¹⁹ The June 26, 1944 response from Patton contained a better prognosis and finally set in motion M’s reunification with her family. The medical superintendent at Patton described M as “in very good condition both physically and mentally,” and “a very efficient worker” at her job in the hospital’s laundry.¹²⁰ After routing this information through several WRA officials, an evacuee travel permit¹²¹ was issued for M in late August 1944. The form included details about mode (Inland Stages) and cost (\$7.50 for 5 meals and one night’s stay at a hotel) of M’s transportation from Patton to Manzanar. She was provided with a required white escort,¹²² a male registered nurse, who also accompanied several other Japanese Americans during transfers between camps and state institutions in California.

Upon arrival, M visited the Manzanar outpatient clinic to establish care and was instructed to return for a follow-up six weeks later.¹²³ Multiple WRA letters indicated vaguely that M adjusted well to camp life.¹²⁴ At Manzanar, she worked as a kitchen helper in the camp mess hall, a change from her preincarceration work on her husband’s ranch. Though she had been physically released from Patton, M was now subject to both WRA and California State Hospital “parolee” custodial restrictions (Figure 3).¹²⁵ The oral history interviews of M’s two sons reflected the long-term hardship of family separation due to the widespread pre-“evacuation” arrests; M’s children were

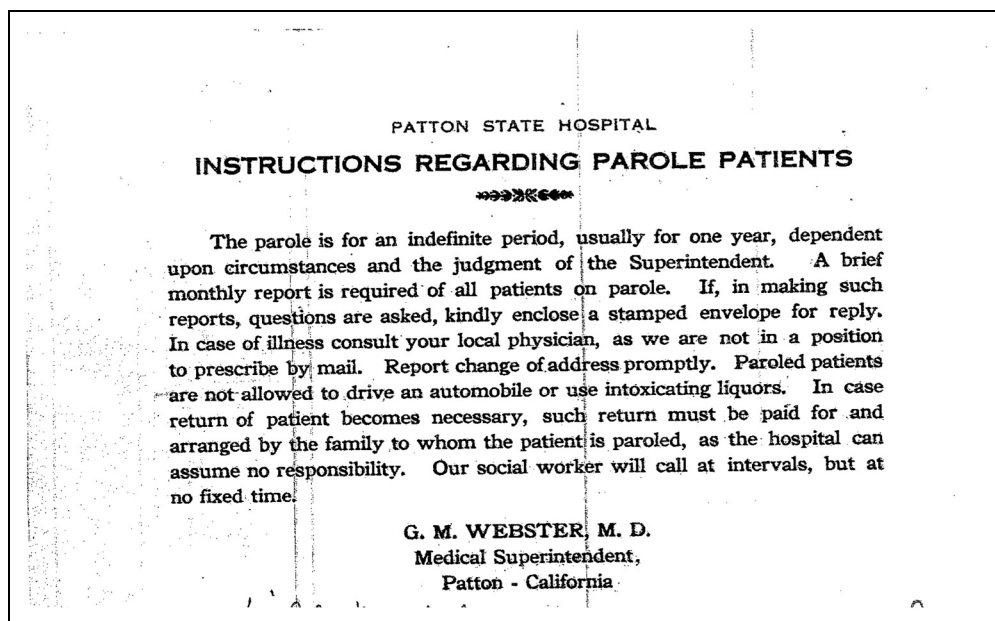


Figure 3. Document found in individual WRA case file containing instructions for “parole patients” from Patton State Hospital. Courtesy of the National Archives and Records Administration.

forced to grow up too young and the separation from their parents at a crucial developmental period continued to affect the closeness of their relationship with their parents long after the incarceration period ended.¹²⁶

One thread common to many communications between WRA and Patton officials regarding M’s institutional parole was her status as a mother to young children. One such letter dated July 31, 1944,¹²⁷ requested M’s transfer from Patton to Manzanar be expedited, stating “The family situation has been reported to us several times with emphasis upon the need for the presence of the mother in the family where the children are so small.” Concern over the separation of mothers and young children may have influenced decision-making around which sterilization survivors remained institutionalized and which were allowed to reunite with family at the incarceration camps. Of the other two female sterilization survivors transferred from Patton to Manzanar after sterilization like M, one was young and single, and the other was similarly separated from her young children and interned husband. Of the seven sterilization survivors who remained in institutions, four were single and childless. The other three who remained institutionalized were married with children, but circumstances of other family members seemed to ensure some level of care for these children even without one parent.

S’s Story: The Disruption and Violence of Life in an Incarceration Camp

S and his family were incarcerated at Heart Mountain, arriving from the Santa Anita Assembly Center in September 1942. His family appeared to be active in various camp community organizations.¹²⁸ Though S did not seem to belong to any similar groups, his hobbies were listed as “photography, football, basketball, [and] baseball” on a WPA form used for employment classification.¹²⁹ An undated WRA case history¹³⁰ describes S as “an epileptic who has had very little education, who comes from a family of high standards and intelligence. They managed to care for him quite

well before they were evacuated by keeping him busy in a large garden at home.” S was also given seizure medication and a special diet prior to incarceration. He continued to receive at least the medication and had not had any seizures since arriving at Heart Mountain.¹³¹ He was described as physically strong in later WRA correspondence.¹³²

S’s family encountered new challenges caring for him at Heart Mountain, likely resulting from the radical changes in S’s environment due to incarceration. His family’s preremoval dwelling had space for a large garden, but the six of them were now living in a one room apartment without running water in a 20 by 120 foot barracks with about 500 other people.¹³³ The case history continues, “It always excited [him] to be around strangers or a crowd. Therefore, it has been difficult for him to adjust to life in the Center.”¹³⁴ His parents, older brother, and sister-in-law signed a request for S’s institutionalization on March 9, 1943.¹³⁵ The statement’s author, likely S’s older brother, worries “mother may suffer a nervous breakdown if this continues. She cannot sleep nights thinking about him. The family cannot bear to see him ridiculed wherever he goes.” The response to the family’s request appeared to be a medical exam two days later by a Japanese American doctor who recommended “constant treatment and observation,” without mentioning institutionalization.¹³⁶ Just a month later, S found an outlet to replace his preincarceration activities of gardening and helping in his father’s photography studio by joining a carpentry work crew with other Heart Mountain incarcerated.¹³⁷ S seemed to enjoy the work¹³⁸ and to be well-liked by the other crew members—according to S’s case history and WRA correspondence, “some of the older carpenters have been good enough to let him work with them”¹³⁹ and “they have found him to be useful and not very difficult to manage.”¹⁴⁰

The idea to institutionalize S next surfaced in a WRA telegram on August 20, 1943,¹⁴¹ to the superintendent of the Wyoming Training School. The Heart Mountain Project Director requested to initiate commitment proceedings and inquired about a “reciprocity arrangement ... under which you will accept for ultimate transfer to California institution an evacuee from this center who is a legal resident of California.” S’s commitment was approved in a Wyoming county court three weeks later in mid-September. Several letters indicate that though S had been committed to a Wyoming institution “on paper,”¹⁴² he was still not confined to or living in the institution for months after the commitment. This delay was at first driven by administrative back-and-forth through the remainder of September, the letters often referencing the cases of other Japanese Americans the WRA believed required institutionalization. The Wyoming State Board of Charities and Reform had unsuccessfully attempted on August 31, 1943, to contact the CA Department of Institutions about the transfer of “three insane persons” from their institutions back to California, their state of legal residence.¹⁴³ The secretary of the board had spoken to the governor of Wyoming about this issue who planned to personally reach out to both the Director of Institutions and the California’s governor to hasten a resolution. The office of Wyoming’s governor escalated the issue of institutional transfers as promised, contacting the office of California’s governor via telegram on September 23, 1943 (Figure 4).¹⁴⁴

Even after these initial administrative negotiations, S ultimately never spent time in the Wyoming Training School before being “deported” to California. The training school may not have had vacancies,¹⁴⁵ which may explain the superintendent’s desire for S’s direct transfer to a California institution. S’s file¹⁴⁶ contained no further correspondence about his institutionalization until after an unfortunate tragedy on October 27, 1943. S had continued working in carpentry while the WRA and Wyoming state officials corresponded about physically institutionalizing S. Returning from a work assignment with other carpenters, the crew made a stop in Cody, Wyoming, a town about 20 miles outside of camp. A fellow worker asked S to make a purchase for him at a local bar. While S waited patiently for service, two military police officers drinking there demanded he leave. When S walked outside, one of the officers followed and attacked him. The soldier’s first strike “knock[ed] him to the ground.” The soldier struck him several more times with S not

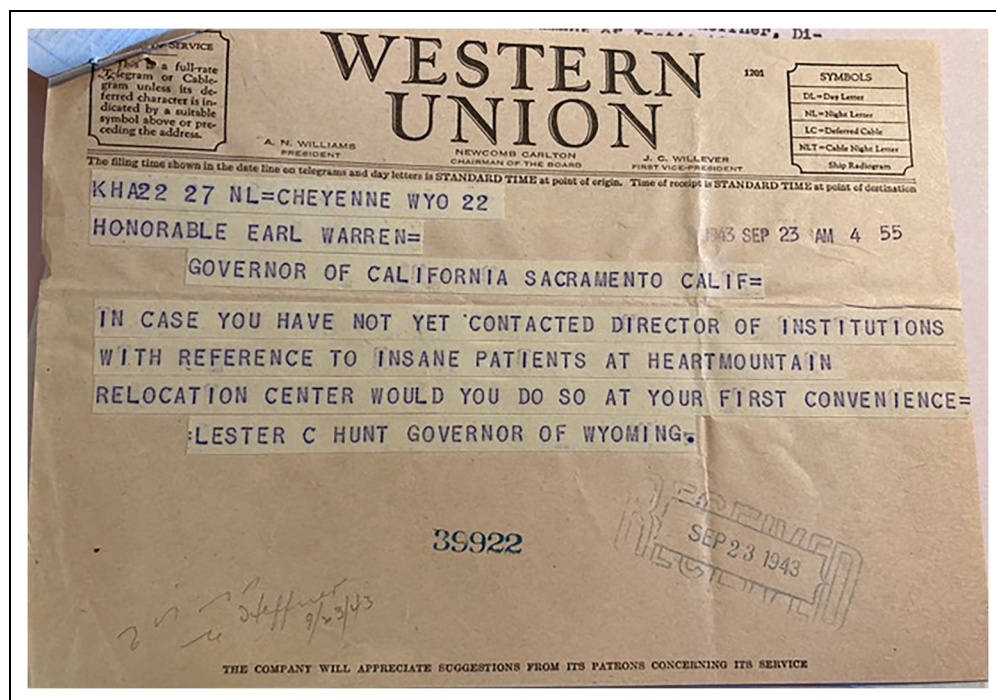


Figure 4. Telegram from the governor of Wyoming to the governor of California asking the latter to contact the California department of institutions on behalf of the equivalent agency in Wyoming regarding “insane patients at heart mountain.” Courtesy of the California State Archives.

physically defending himself. After the attack, S was hospitalized multiple times to treat his broken jaw. Though the military police officer blamed S for instigating by lobbing insults at the soldiers, a WRA investigation concluded that the attack on S was unprovoked and a likely case of “mistaken identity.”¹⁴⁷ A December 8, 1943 letter¹⁴⁸ from the project director to the attacker’s commanding officer regarding the attack described S as “a peaceful kind of a person, not violent or aggressive in any manner whatsoever.”

Just two days later, the Wyoming State Board of Charities and Reform finally received approval from the CA Department of Institutions to transfer S back to an institution in California.¹⁴⁹ November correspondence indicates that the approved transfer could not proceed that month due to S receiving ongoing medical care for his jaw and difficulties coordinating travel back to California with a medical escort.¹⁵⁰ The same employee of the WRA, a male registered nurse, was referenced as a medical escort in several institutionalizations from different WRA camps and seemed to make multiple long interstate trips in succession to transport Japanese American patients.¹⁵¹ The letters again usually referenced multiple individuals being transferred for institutionalization, demonstrating the backlog of cases at Heart Mountain and the WRA’s effort to optimize transfer arrangements. S was finally taken back to California in February of 1944,¹⁵² care of the Sheriff’s office; his institutionalization took over half a year.

After S’s admission to Sonoma State Home for the Feeble-minded on February 19, 1944, his family had trouble communicating with him. A February 29, 1944 letter¹⁵³ from the principal medical officer and medical social worker at Heart Mountain to a San Francisco-based WRA official stated “We find that S’s parents have heard nothing from him since his admission; naturally, they are anxious to have his address.” Three weeks after his admission, the Heart Mountain acting project

director wrote to the superintendent of Sonoma State Home on behalf of S's parents.¹⁵⁴ They wanted to know how S was doing after they had not heard from him despite having given "him some postcards and self-addressed envelopes so that someone could write for him." Dr. F. O. Butler, the medical director and superintendent of Sonoma, responded on March 13, 1944, that they had just answered a letter from S's father and that "As a rule, we do not write or wire the parents of patients unless in special instances" (Figure 5).¹⁵⁵

The Department of Institutions sterilization forms reveal additional details about S's experience where the information in his WRA file ends. His father's handwritten signature appears above the family's Heart Mountain block address on a consent form dated April 7, 1944. Within eleven days, the superintendent of Sonoma had requested authorization to sterilize S, and the director of the Department of Institutions had approved. S underwent a sterilization operation about a month later, a total of about three months after his admission to Sonoma.¹⁵⁶ There is no evidence indicating that he was paroled or rejoined his family at Heart Mountain after sterilization, even though his brother's family remained incarcerated until late 1944 and his parents remained incarcerated until September 1945.¹⁵⁷

J's Story: An Adolescence Shaped by Incarceration and Loss

J was not yet a teenager when he and his family were incarcerated at Poston in May 1942. Just over 2 years later in July 1943, J's mother died from tuberculosis and cancer.¹⁵⁸ She left behind J, his father, and his four siblings, all of whom were still incarcerated at Poston. J's father was hospitalized with tuberculosis later the same year for about five months,¹⁵⁹ temporarily leaving his five children without parental care. J and his siblings were also tested for tuberculosis because the cramped incarceration camp living quarters increased the spread of an already very contagious and difficult to treat disease. J visited the Poston Clinic throughout 1943 and 1944 for treatment of minor injuries, dental issues, and tuberculosis testing. At one such visit in March 1944, the Poston Health Section referred J to the "special pediatric clinic for consideration of his retarded mentality"¹⁶⁰ and claimed one of his brothers was similar in mentality.¹⁶¹ J underwent a litany of mental tests, which were common tools eugenicists used to classify people as "mentally deficient" or "feeble-minded," but were also used more broadly in fields such as education. Some of the tests given to J appeared to be routine testing done in school, and some were performed at the special pediatric clinic¹⁶² to which he was referred.

J had been labeled early in his incarceration on WRA form 26 as having "mental trouble,"¹⁶³ and educational records¹⁶⁴ continue to note his struggles in school. Several of these same records highlight that despite his learning difficulties, he "trie[d] very hard." In the hobbies section of Form 26, only "handwork" is listed, but his school entrance record reports that he also "like[d] to work with plants."¹⁶⁵ His sixth-grade teacher's reports for J for the 1943–1944 school year¹⁶⁶ acknowledge not only the social, behavioral, and learning challenges J faced in school but also contain many positive comments about the time he spent in her classroom. For example, in December of 1943, only four months after the passing of his mother, she wrote J "is making very satisfactory progress because he is trying." She expands on J's progress and the help he offered her as his teacher in another note two months later, writing J "is making very satisfactory progress in every way. He is usually obedient and cooperative. I can always count on [J] when I have a special job that needs doing, or an errand to run." This teacher understood J's need for positive encouragement and recognized that his acting out stemmed from his need for attention and support. She ended the report stating she "shall miss him next year."

Unfortunately, J began to receive increasingly negative attention for his behavior from the community and WRA officials after his seventh-grade school year. In the summer of 1945, while the WRA was increasingly pressuring Japanese Americans to "relocate" or "resettle" outside the

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DIRECTOR OF INSTITUTIONS

EARL WARREN
GOVERNOR OF CALIFORNIA

F. O. BUTLER, M.D.
MEDICAL DIRECTOR AND
SUPERINTENDENT

STATE OF CALIFORNIA
DEPARTMENT OF INSTITUTIONS

SONOMA STATE HOME
ELDRIDGE, CALIFORNIA March 13, 1944

Mr Douglas M. Todd
Acting Project Director
Heart Mountain Relocation Project
Heart Mountain
Wyoming.

Dear Sir:

In Re S

On February 29th, 1944 we had a letter from S's father. It was answered on March 9th; so the letter will arrive any day now.

S is getting along very nicely and has had no spells thus far. As a rule we do not write or wire the parents of patients unless in special instances such as sickness.

Have the parents write to Dr. F. O. Butler, Medical Superintendent of Sonoma State Home, Eldridge, California, asking us anything they wish and their letter will be answered promptly.

Very truly yours
F. O. Butler

F. O. Butler, Medical Director & Supt

EJF/A

RETURN TO CENTRAL FILE
with Reply or Action Taken

FOR VICTORY
BUY
UNITED
STATES
SAVINGS
BONDS
AND STAMPS

ALWAYS MENTION NAME OF PATIENT AND GIVE YOUR FULL ADDRESS WHEN WRITING

Figure 5. Letter from F. O. Butler, Medical Director and Superintendent of Sonoma State Home, to Douglas M. Todd, Acting Project Director of Heart Mountain Relocation Center. Courtesy of the National Archives and Records Administration.

camps, J was apprehended after a minor burglary¹⁶⁷ and confined to the Parker jail for days. The project attorney reported “arrangements were made through the relocation department whereby he was taken to a home for defective children in Los Angeles. This will undoubtedly be very much to his advantage, will save much annoyance and probably some property in this center, and will give his family an opportunity to relocate, which seemed almost impossible while they had [J] on their hands.”¹⁶⁸ His commitment was processed through the Los Angeles County Court system even though he and his entire family except his older brother were still at Poston. The commitment papers¹⁶⁹ describe J as a “general nuisance ... loitering about offices and allegedly stealing.” He was admitted to Pacific Colony, the referenced home for defective children, on August 8, 1945, at only 15 years old. Formulaic correspondence¹⁷⁰ between WRA employees and Pacific Colony’s medical superintendent mentions giving reports on J’s condition to “reassure his parents” and providing the institution with “his parents’ names and addresses” despite his mother having died two years prior while incarcerated.

J’s oldest sister C, who likely took on a care-taking role for her younger siblings after their mother’s death, was allowed to visit J at Pacific Colony on August 17, 1945. She reported back to her family, the Poston community, and WRA officials of disturbing conditions at Pacific Colony. She wrote a letter (Figure 6)¹⁷¹ detailing prolonged confinement and physical abuse from a nightwatchman and “other boys” in J’s “cottage,” which was not segregated despite lingering anti-Japanese sentiment.¹⁷² She was also told by an attendant and a doctor that J could not attend school “unless he were a good boy.”¹⁷³ The WRA initially appeared to take these allegations seriously, in part because concerns about them reached beyond J’s family to “other families who have learned of [the] report,” and Poston was seeking “placement of mentally deficient children” at Pacific Colony for other families (Figure 7).¹⁷⁴

The “investigation” wrapped up after a brief series of reports and a single visit to Pacific Colony on August 29, 1945, by three WRA officials. At least one of the reports incorrectly stated the date of C’s visit, one of the most basic facts of the case. During the visit, J was first interviewed in the company of six WRA and Pacific Colony officials. The author of the report, a WRA special relocation officer, acknowledged their presence as “quite an imposing array of adults to be faced by the juvenile.” According to the author, J nevertheless “did not seem inhibited and talked readily.” This supposedly uninhibited interview consisted primarily of J’s pleas to be reunited with his family. He promised “he would be good now,” if he could only return to his family. Someone present at the interview apparently delivered “news that [J’s] family planned to relocate in the East and leave him at Spadra [Pacific Colony],” bringing J to “the verge of tears.”¹⁷⁵ This contradicts Poston’s final accountability roster which lists a terminal departure location of Los Angeles for J’s family.¹⁷⁶ At this point, the WRA Chief Medical Officer was left alone with J to continue the interview “under circumstances in which the boy would not feel so outnumbered by possibly unfriendly elders,” but the Chief Medical Officer’s own report was not in J’s WRA individual case file.

The WRA’s investigation of J’s experiences was hardly impartial given the involvement of Pacific Colony staff. The medical superintendent even thanked the WRA “for the dignified manner in which they presented the case” and ensuring that “everything possible has been done to safeguard the best interests of both the patient and institution.”¹⁷⁷ Unsurprisingly, the resulting reports and correspondence dismissed most of the complaints as unfounded. J “did not substantiate” his sister’s claims that he suffered physical abuse at the hands of the other boys in his cottage and “scrutiny of his face failed to show marks of bruises, cuts or bumps, which [C] says she observed at a time 14 days prior to our visit.” J’s assertion that he was hit by an attendant was described as “not too lucid.” Though eventual further investigation by Pacific Colony revealed that such an incident did occur, this WRA report speculates “that the real injury suffered may have been to the pride and dignity of a boy who suffered abrupt correction, corporal or otherwise, in public, and before a group in which he was a semi-stranger at the time.” One of the other conclusions given in the report states that the medical

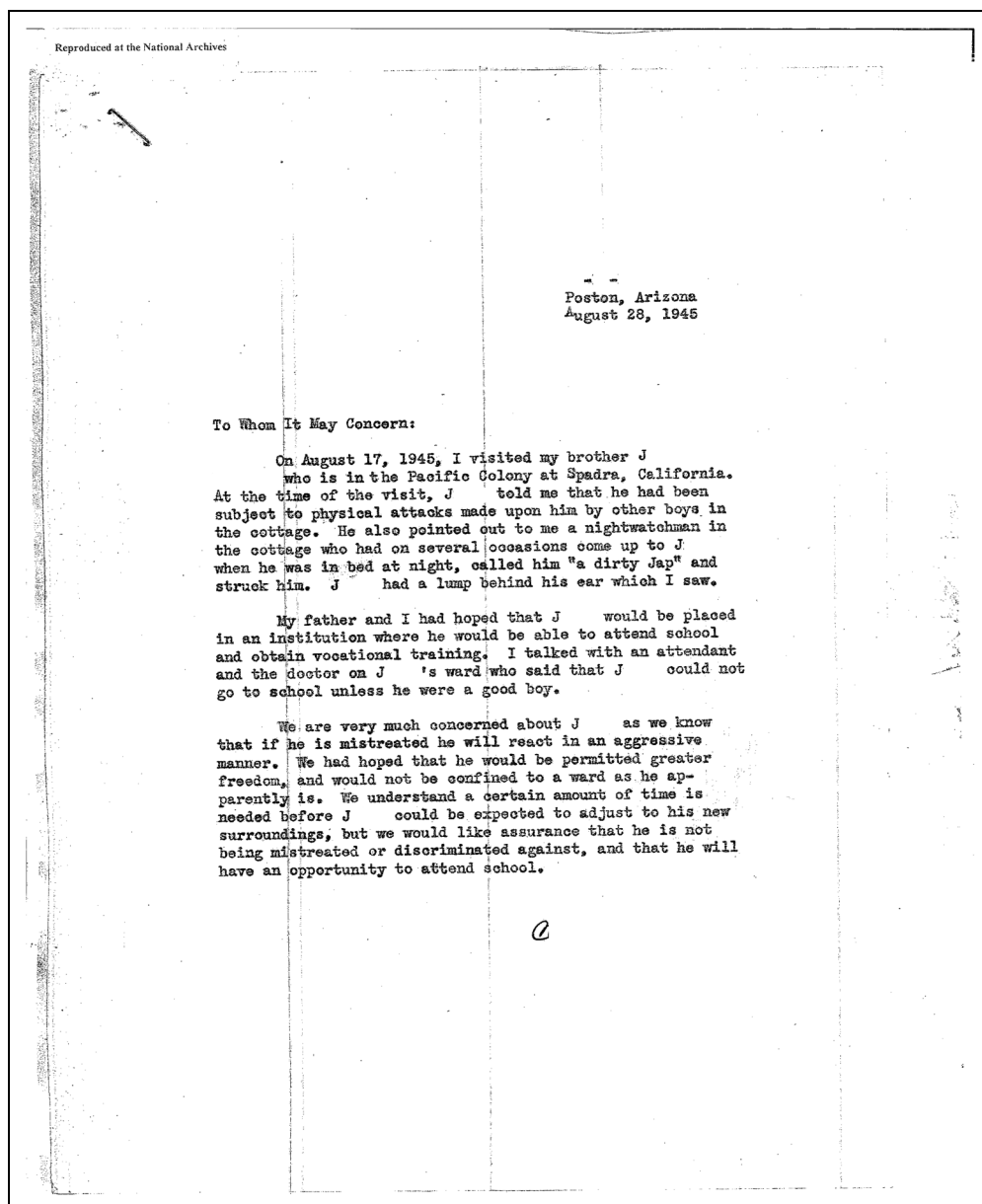


Figure 6. Letter of complaint written by J's oldest sister, C (full name redacted). Courtesy of the National Archives and Records Administration.

superintendent "may refuse to harbor [J]," suggesting that the superintendent could expel J from the institution due to J's behavior or his family's complaints and thus prevent J from receiving the "training" and care at Pacific Colony that his family hoped he could receive there.

Beyond the individual-level abuse directed at J, C had also expressed concern about possible racial discrimination toward her younger brother. Institutional authorities concluded that discrimination did not affect J and his treatment at Pacific Colony, yet the investigative report quotes the medical superintendent describing racial slurs as "the vogue among the patients." In addition,

52 LA PX 8-27-45 245PP 240P 83-PX PV 8-27-45 242P PAUL G ROBERTSON WRA LA		REFER TO Date _____ Name _____ To file _____ (NAME)	TELETYPE UNIT 1945 AUG 27 PM 4:14 PUBLIC BLDGS. ADM. LOS ANGELES
--	--	---	---

C Y SISTER J Y EHO WAS TRANSFERRED AUG 8 TO
 PACIFIC COLONY SPADRA, RETURNED TO CENTER FOLLOWING VISIT TO J
 REPORTED J HAS BEEN PHYSICALLY ABUSED BY BOTH ATTENDENTS AND OTHER
 BOYS. CITED BRUISES, CUTS, AND BUMPS ON J -S FACE.

ACCORDING TO C, J RESTRICTED TO WARD, NOT PERMITTED TO
 ATTEND CHURCH, AND TOLD WILL BE DENIED SCHOOL PRIVILEGES. DISCUSSED
 SITUATION WITH WAR DOCTOR WHO WAS EVASIVE. ALSO REPORT J PLACED
 WITH BOYS WHO APPEAR OF LOWER MENTAL AGE THAN HE ALTHOUGH PRESENTING
 GREATER PHYSICAL DEVELOPEMENT.

Y FAMILY CONCERNED OVER PLACEMENT AT SPADRA AS WELL AS OTHER
 FAMILIES WHO HAVE LEARNED OF REPORT. HAVE SEVERAL FAMILIES HERE
 INTERESTED IN PLACEMENT OF MENTALLY DEFICIENT CHILDREN IN INSTITUTIONS
 WHERE WILL HAVE OPPORTUNITY FOR TRAINING IN KEEPING WITH LIMITATIONS.
 IS PACIFIC COLONY STRICTLY CUSTODIAN INSTITUTION /QM/

WOULD APPRECIATE INVESTIGATION AND IMMEDIATE REPORT ON SITUATION.
 FATHER HUGH LAVERY MARYKNOLL CHURCH IN LOS ANGELES KNOWS OF CASE MAY
 BE OF SOME ASSISTANCE TO YOU.

C R CARTER RELOC PROG OFCR WRA POSTON VIA PX
 8
 ZE 3.30P

AUG 27 1945
 WRA RELOCATION
 AUTHORITY
 L.A. CAL.

Figure 7. WRA initial response to reports of abuse at pacific colony by J's oldest sister, C (full name redacted). Courtesy of the National Archives and Records Administration.

other boys in J's ward reportedly told him that they'd seen "the Yanks kill your brother" after "returning from a movie in which apparently an American hero cinema soldier mowed down the Japanese enemy."¹⁷⁸ The only concrete action taken by Pacific Colony to address the abuse J's sister complained of was the "firing" of one attendant for "sleeping on duty"¹⁷⁹ after he admitted to slapping J. The attendant's resignation letter expressed¹⁸⁰ extremely racist views that undoubtedly contributed to the man's treatment of J.

The documents¹⁸¹ sadly do not give any insight as to how J's family reacted to the conclusion of the investigation. After the conditions at the institution witnessed by his oldest sister, it is unsurprising that the family acquiesced to the recommendation for sterilization made by Pacific Colony if it

FORM 178

CONSENT FOR STERILIZATION

PLACED: _____ DATE October 19, 1945

I hereby give my permission for the operation for Sterilization and any other condition requiring surgical operation to be performed on my _____
SOL. [REDACTED]
who is now or may become an inmate of the Pacific Colony.

The operation has been fully explained to me and is to be performed by the surgeons at the institution with no expense to me.

Signed _____
Address _____
Signed _____
Address _____

WITNESSED:

Signed _____
Address _____
Signed _____
Address _____

RECEIVED
OCT 26 1945
DIVISION
MENTAL HYGIENE

Figure 8. California department of institutions sterilization consent form for J (full name redacted). Used with permission from the California State Archives.

FORM 787

**Recommendation and Approval for Vasectomy or Salpingectomy
for the Purpose of Sterilization**

Name [REDACTED]
Institution PACIFIC COLONY HOSPITAL CASE NO. 3719

PERSONAL HISTORY
Age 15 yrs. Nativity Montana Religion Catholic Education 7th grade
Marital status Single Sex Male No. of children None Ages _____

FAMILY HISTORY (for additional space use reverse side): Father had tuberculosis; mother died of cancer and tuberculosis; one brother reported mentally retarded.

CLINICAL HISTORY (for additional space use reverse side): Mentally deficient boy, general nuisance, petty thief.
Date admitted August 8, 1945 Present diagnosis Mental deficiency, Middle Moron grade; undifferentiated type.

Attacks (previous, and diagnosis of each): _____

LEGAL PROVISIONS (compliance with):
This form is submitted in accordance with section 6624 of the Welfare and Institutions Code of the State of California.

1. Legally signed and prepared commitment papers are on file at this institution.

2. This patient is afflicted with:
☐ Mental disease which may have been inherited and is likely to be transmitted to descendants.
☒ Feeble-mindedness, in any of its various grades (specify grade) I. Q. 55, Middle Moron grade.
☐ Perversion or marked departures from normal mentality.
☐ Disease of a syphilitic nature.

Written consent [REDACTED] given by [REDACTED] Name Father Relationship _____
under date of October 19, 1945 copy of which is attached hereto.
(If consent not given, submit separate letter giving circumstances)

After careful consideration of the case of [REDACTED] by the members of the Medical Staff of this institution, it is their belief that this patient is suffering from the affliction above noted and it is their recommendation that the operation for the purpose of sterilization be performed, with which opinion and recommendation I concur and do hereby request your approval.

[DATE] October 23, 1945 OCT 26 1945
Approved and authorization for an operation for sterilization granted this 26 day of Oct 1945
[Signature] Medical Director and Superintendent
[Signature] Director of Institution

Figure 9. California department of institutions sterilization recommendation form for J (full name redacted). Used with permission from the California State Archives.

increased J's chances of being released, as it so often did for institutionalized people. J's father's handwritten signature appears on a sterilization consent form dated October 19, 1945 (Figure 8),¹⁸² a mere four days after he and two of J's siblings departed from Poston.¹⁸³ From

there, the superintendent of Pacific Colony requested authorization for the operation and the director of the department of institutions approved the request before the end of the month. J was sterilized in late December 1945, about two months after the approval was granted. All of the WRA incarceration camps, except Tule Lake, had now closed. No mention was made on the sterilization form as to the possible effects on J of over three years of incarceration, the loss of his mother at such a young age, or the alleged physical and mental abuse he encountered at Pacific Colony. Instead, he was succinctly described as a “Mentally deficient boy, general nuisance, petty thief” (Figure 9).¹⁸⁴

Conclusion

In the 1980s, the formation of the Commission on Wartime Relocation and Internment of Civilians resulted in extensive documentation of the civil and human rights abuses associated with the incarceration of Japanese American individuals and families during the 1940s and played a key role in subsequent apologies and reparations.¹⁸⁵ Over time, the violence and trauma of this chapter in U.S. history has been captured in books, articles, exhibits, digital projects, memoirs, oral histories, and films.¹⁸⁶ Organizations like Densho are important stewards of this history and the Japanese American experience more generally.¹⁸⁷ This novel documentation of state-sponsored eugenic sterilization during the mass wartime incarceration of Japanese Americans comprises another harrowing facet of incarceration. Stories of family separation via federal and state agency–facilitated institutionalization should be situated alongside other incarceration-mediated histories of family separation.

The stories of these 32 Japanese American sterilization survivors expand our understanding of the overlapping histories of eugenic sterilization in California and the mass incarceration of West Coast Japanese Americans during WWII. This paper builds on existing and rich bodies of literature in Asian American studies and history of medicine and links the federal project of Japanese American wartime incarceration to California’s state project of eugenic sterilization. Notably, through J’s story, it directly documents racism within California State Institutions, something that is not always explicit on the sterilization recommendation forms and consent forms. It also centers the stories of multimarginalized people within the Japanese American community, namely those labeled as disabled or mentally ill. The documents cited demonstrate the processes used by the WRA to manage what they identified as cases of deviance and disability, which many families were forced to navigate while incarcerated. Implementing the WRA’s goal to Americanize the Japanese American community during their incarceration meant that people who could not “conform” or be rehabilitated to an acceptable standard required segregation not only from the overall American population but from their own community. The strong presence of the lives and experiences of the families of sterilization survivors, often absent in typical institutional records, enhances our understanding of the coercive elements of the “consent” process employed by California State Institutions to proceed with sterilization procedures. Pressures specific to Japanese Americans during WWII included macrolevel phenomena such as war, mass incarceration, and discrimination, and extended to family- and community-level pressures such as generational conflict, death, divorce, teenage rebelliousness, and barriers to communication. Eugenic sterilization was an intensely personal and physical episode for the 32 Japanese Americans subjected to operations in California institutions that nevertheless reverberated across families and generations, infusing a form of reproductive harm into broader patterns of community trauma.

Perhaps the most significant limitation of this article is that most sources are authored by perpetrators of institutional violence. Future research could search for additional documents authored by Japanese Americans, centering their perspectives. Unfortunately, many unanswered questions remain about the administrative decision-making around and experiences of the seven Japanese American sterilization survivors who remained institutionalized during the incarceration period. These individuals did not have much presence in the WRA records available at NARA and the

California Department of Institutions records are sporadic or restricted. In addition to addressing the above limitations, future work should contextualize the experiences of these 32 Japanese American sterilization survivors with rates of institutionalization from WRA camps, cases from sterilization programs in other states, and the overall rates of the sterilization of Japanese Americans in California across the twentieth century.

Nonetheless, these 32 cases give an unprecedented look at the lives of sterilization survivors before, during, and after institutionalization. Most sterilization survivors from California institutions appear in the archival record in only two single page documents authored by staff at the institutions. The scope of archival documentation, even with the remaining gaps, more fully humanizes these individuals and echoes the important tradition of reclaiming archival documents to promote justice for the Japanese American community.¹⁸⁸ In several cases, the care shown to the survivors by family and community members shines through the overwhelming presence of institutional violence in their life stories. In some cases, community support systems may have provided a degree of protection against institutionalization, such as “older carpenters” at Heart Mountain taking S under their wing when he and his family struggled with the upheaval of incarceration. These relationships also led to more overt acts of resistance, such as J’s sister registering formal complaints about the treatment of her brother at Pacific Colony. In this context, family and community relationships exist as one form of resistance against the bureaucratic and dehumanizing process of institutionalization and sterilization and combat the erasure of multimarginalized persons in the archival record. Japanese American family members actively attempted to maintain communication with, care for, and even visit their institutionalized relatives, often overcoming physical distance, discrimination, institutional apathy, and administrative restrictions to do so.

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The authors would like to thank Densho for their work in preserving the history of the Japanese American Incarceration, and for their dedication to making their vast archive accessible to a broad audience. The authors especially extend our gratitude to Brian Niiya and Nina Wallace at Densho for sharing their knowledge, meeting with us to discuss the project, and reviewing drafts at various stages. The authors would also like to thank the entire Sterilization and Social Justice Lab team for their support and feedback. The authors are grateful to the archivists at the National Archives and the California State Archives for their assistance. This research was financially supported by the National Human Genome Research Institute (R01 HG010567-05).


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Notes

- a. We intentionally use initials for names to ensure that individuals remain de-identified. Even though it is possible to find names of incarcerated and those sterilized in public federal and state records, we chose to use first initials to respect the sensitive and harmful aspects of these histories of confinement and sterilization, which

have been both personally and intergenerationally traumatic. This decision follows our lab's overall ethical practice and was arrived at in consultation with scholars at Densho, with whom we shared initial drafts.

- b. We also identified at least one Japanese American sterilization survivor in both Utah's and Iowa's eugenic sterilization programs during the period of incarceration, though these cases will not be discussed in detail in this paper due to limited access to sterilization and institutional records in those states. Other states in which Japanese American populations were subject to mass removal and incarceration that also had eugenic sterilization programs were Oregon and Washington.
- c. This article adheres to the recommendations of Densho in using appropriate terminology to describe the incarceration of Japanese Americans. Unless directly quoting primary sources, we eschew commonly used euphemisms such as "evacuation," "internment," and "relocation centers" in favor of forced removal, incarceration, and incarceration camps, respectively. In addition, we use the term Japanese American as an inclusive term referring to both first generation Japanese immigrants or Issei (who were prohibited from becoming American citizens by discriminatory laws) and their American-born children (Nisei or Kibei) and grandchildren (Sansei) to avoid replicating the othering and erasure of their American-ness by the U.S. government and society. See Densho: Preserving Japanese American stories of the past for the generations of tomorrow. "Terminology," June 18, 2015. <https://densho.org/terminology/>.
- d. It is beyond the scope of this article to conduct a close analysis of the underlying ideologies of individuals within the WRA, who espoused a variety of views from explicitly racist, to well-intentioned albeit misguided, to antiracist. For discussion of the range in individual ideologies, see Eric Muller's "Of Coercion and Accommodation: Looking at Japanese American Imprisonment through a Law Office Window." Rather, we are interested in how the WRA coordinated with California institutions to transfer Japanese Americans to and from institutions where sterilizations were performed under the state's eugenics law.
- e. According to Tetsuden Kashima's *Judgment Without Trial*, the total number of Japanese Americans internees who came under Justice Department jurisdiction during World War II was 7,947. This figure excludes "voluntary" internees, usually relatives of an internee who had the opportunity to reunite as a family through transferring to an internment camp from a WRA camp, and citizenship renunciants who were interned after July 1944. See Table 6.1, page 125.
- f. For additional stories of family separation via institutionalization during the mass incarceration, see *Secret Harvests* by David Mas Masumoto and *Taken from Paradise Isle: The Hoshida Family Story* by George and Tamae Hoshida.
- g. While the available evidence does not suggest mass or systemic sterilizations within the WRA camps, there is at least one documented coercive sterilization that occurred at an incarceration camp. In 1981, Alice Tanabe Nehira testified before the Commission on Wartime Relocation and Internment of Civilians, the federal body charged with investigating the impact of the mass wartime incarceration and proposing suitable redress, about her mother's incarceration experience. A Tule Lake physician performed a non-consensual tubal ligation on her mother, Natsu, at the time of Alice's birth in 1943. Natsu did not even know she had been sterilized until nearly 30 years later. See "The Commission on Wartime Relocation and Internment of Civilians: Selected Testimonies from the Los Angeles and San Francisco Hearings."
- h. This paper focuses on the 32 sterilization survivors who were sterilized during the period of incarceration, 1942–1947. Though these 32 cases are the most temporally and physically proximal to the experience of incarceration, the additional 10 sterilization cases between 1947 and 1951 are worthy of future examination in the context of the lingering impact of incarceration on the Japanese American community.
- i. Existence of any time gap between incarceration and institutionalization was determined by cross-referencing departure dates on the WRA final accountability rosters (FAR) and admission dates on institutional sterilization recommendation forms. However, in at least one case, further documentation in the individual WRA file suggested there was no time gap even though the FAR and sterilization forms had suggested a time gap.
- j. For discussion of macro-level constraints involved in sterilization decision-making, see Iris Lopez's *Matters of Choice: Puerto Rican Women's Struggle for Reproductive Freedom*; For discussion of the complexities of family decision-making regarding sterilization and institutionalization within the coercive context of California's eugenic sterilization program and criminal legal system, see Lira's *Laboratory of Deficiency*. For discussion of autonomy and consent in carceral spaces more broadly, see Ainsworth and Roth's

- “If They Hand You a Paper, You Sign It’: A Call to End the Sterilization of Women in Prison,” Michele Goodwin’s “Vulnerable Subjects: Why Does Informed Consent Matter?” and Jess Whatcott’s “No Selves to Consent.”; For discussion on the complexities of autonomy, agency, and consent in the incarceration camps, not specific to sterilization, see Gordon Nakagawa’s “Deformed Subjects, Docile Bodies,” Mae Ngai’s *Impossible Subjects*, and Eric Muller’s “Of Coercion and Accommodation.”
- k. Determined by cross-referencing final accountability rosters, sterilization consent forms, and other archival sources.
 - l. For a striking example of overt coercion by state employees not evidenced by the institutional “consent” or authorization forms alone, consider the case of Marguerita Villanueva, a Mexican American teenager and new mother. Villanueva’s own mother testified in court that after repeatedly refusing to sign a Sonoma State Home form placed in front of her, her daughter’s probation officer told her through an interpreter that the sterilization of her daughter, who was not then and had never been institutionalized at Sonoma, would proceed with or without her signature. The interpreter also physically placed a pen in her hand and said, “all you have to do is put a cross there.” The sterilization “consent” form in our records dated over one year later has just such a cross designated as “Mrs. Villanueva’s signature.” No institutional or other state authority’s signature appears on the form, nor is any mention made of the previous legal battle of Marguerita and her family to stop her sterilization. *The Los Angeles Record*. “Girl Saved from State ‘Butchers.’” November 28, 1930; “Sterilization Records, 1925-1954.” Microform. Dept. of Institutions; Dept. of Mental Hygiene, 1944. Reel 117 Documents 2038 and 2039. California State Archives. Office of the Secretary of State, Sacramento, CA.
 - m. The BSR was part of the Office of Indian Affairs, which jointly managed Poston alongside the WRA for a period of the incarceration.
 - n. Of the approximately 120,000 total Japanese Americans incarcerated in WRA camps during WWII, about 110,000 were forcibly relocated under EO 9066 during the spring and summer of 1942. The approximately 10,000 Japanese Americans who entered WRA custody through alternative processes included male Issei community leaders (~1,700) arrested by the FBI in the time between Pearl Harbor and EO 9066, Japanese Americans from Hawaii incarcerated in late 1942 and early 1943 after the main removal phase (~1,100), and the children born while their parents were incarcerated in the camps (~6,000). See <https://den-sho.org/catalyst/how-many-japanese-americans-were-incarcerated-during-wwii/>.
 - o. Much correspondence dealt with the transfer of tuberculosis, other “bed-to-bed,” and recovered cases to the incarceration camps, while very little similar correspondence was found for removing Japanese Americans from California’s state mental hospitals or homes for the feeble-minded. The availability of basic medical and tuberculosis care infrastructure within a few of the camps (though these facilities were still insufficient) likely contributed to the prioritization of transfers of tuberculosis and medical cases to incarceration camps over transfers of “mental cases” in California Department of Institutions facilities to incarceration camps. Additionally, this correspondence contained references to racially motivated pressures from the community to free up space in tuberculosis sanatoria for non-Japanese patients. See, for example, Beulah L. Lewis, Director, Bureau of Medical Social Service. Letter to Mark H. Astrup, Major, A.G.D., Acting Field Assistant Director, February 17, 1943; See also W.T. Harrison, Medical Director. Letter to Colonel Karl L. Bendetsen, GSC, AC of S, Civil Affairs Division, July 8, 1943.

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3. On Pacific Colony see Natalie Lira, *Laboratory of Deficiency*. Lira, Natalie. *Laboratory of Deficiency: Sterilization and Confinement in California, 1900–1950s*. University of California Press, 2021.
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